

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PLUMBING BUREAU
1090 E. WATERTOWER ST.
MERIDIAN, ID 83642
(208) 334-3950
dbs.idaho.gov

EMPLOYER'S VERIFICATION FORM

THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.

Applicant Name _____

Dates of Verification: _____
From: _____ To: _____

THIS APPLICATION MUST BE SIGNED AND NOTARIZED

The Applicant named above was employed by our company as an Apprentice/Journeyman (Circle One)
Plumber for the dates listed:

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Fax Number: _____ Telephone Number: _____

Contractor License Number: _____

Signature of Employer

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed And Sworn To Before Me This _____ Day of _____, 20 _____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES: _____